



CAPITOL COMPLEX REQUEST FOR SERVICES

Fax to 515-242-5974 or
Mail to DAS-CSC Hoover, Level A

**Forms must include accounting
number and authorized signature**
Incomplete forms will be returned

↺ DAS Internal Use Only ↻

Requesting Department		WO#
Department Contact Person	Telephone Number	Date received in DGS
	E-Mail	Completion Date

SERVICES REQUESTED: Please use the "DETAILED DESCRIPTION OF WORK REQUESTED" section below to describe services being requested.)

BUILDING SERVICES (Activity Code-1662)

↺ DAS Internal Use Only ↻

☐ Locksmith

☐ Space Planning

CAPITOL COMPLEX MAINTENANCE (Activity Code – 1642)

☐ Mechanical, Plumbing,
Heating, Cooling, Ventilation

☐ Electrical

☐ Carpentry

☐ Environment Testing

☐ Painting Work

☐ OTHER (Describe) _____

Location of Work Requested

Contact Person at that Location (if other than department contact person)	Telephone Number	E-Mail Address
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DETAILED DESCRIPTION OF WORK REQUESTED: (Attach a separate sheet of paper if needed)

Account Number to be Charged	I certify that unencumbered funds are available for the purchase of the project services requested: Signature: _____ Title: _____
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↺ Department of Administrative Services Use Only ↻

Assigned to:				Contractor Company/Contact Name				Office Phone		<input type="checkbox"/> Cell <input type="checkbox"/> Pager	
Division Review Date		Estimated Project cost				Est. Completion Date				Actual Completion Date	
Activity Code	Type	Labor Hr	Amt.	Activity Code	Type	Labor Hr	Amt.	Activity Code	Type	Labor Hr	Amt.
			\$				\$				\$
			\$				\$				\$
			\$				\$				\$
			\$				\$				\$
			\$				\$				\$
			\$				\$				\$
Sub Total:		\$		Sub Total:		\$		Sub Total:		\$	

Total Amt

\$

Type Codes: P = Parts D = DGS Labor C = Contract Labor